AZ Medicaid Technical Consortium Meeting

September 15, 2004
9:00 a.m. – 10:00 a.m.
AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Meeting Hosted By: Lori Petre, AHCCCS

Attendees:
(Based on sign-in sheets)

ADHS	APIPA	MCP & Schaller, Cont.
Lee Cisney	*Lucy Markov*	*Melonie Jones*
Brian Heise	*Charles Revenew*	*Anne Romer*
C.J. Major	*Sharon Zamora*	*Art Schenkman*
AHCCCS	**Care 1st Arizona**	**Maricopa**
Dick Azzi	*Michael Boisseau*	*Dave Abraham*
Peggy Brown	*Anna Castaneda*	**PHP**
Deborah Burrell	*Bill Hobbs*	*JoAnn Ward*
Barbara Butler	**CHS**	**UFC**
Chris Herrick	*Marcia Goerdt (telecon)*	*Eric Nichols*
Ester Hunt	**DES**	*John Valentino*
Lydia Ruiz	*Robin Claus*	**Maricopa**
Shelli Silver	*Marcella Gonzales*	*Dave Abraham*
Marsha Solomon	*Major Williams*	**United Healthcare**
Pat Spencer	**Healthchoice AZ**	*Jack Holstrom (telecon)*
Carrie Stamos	*Jessica Lennick*	**Yavapai**
Mike Upchurch	*Mark Messer*	*Becky Ducharme (telecon)*
Nancy Upchurch	**MCP & Schaller**	*Dave Soderberg (telecon)*
AmeriChoice	*Cathy Jackson-Smith*	*Jean Willis (telecon)*
Beth Ptak		

Welcome (Lori Petre)
Good morning, I think we can go ahead and get started so we can get everyone out on time. You'll note the meeting was only scheduled for an hour today, because its mostly just to get you some updates and to see whether you have some issues you want to go over with us. It may even be quicker, because unfortunately Brent couldn't be with us today. Dennis, Mike, Shelli and I will try to deal with those questions that Brent would normally talk with you about. Everyone should have an agenda, including those joining us on the phone. I had Nancy email those out yesterday. One of the things we're doing a little differently is offering the option of teleconferencing in today. That will be an on-going option. It may be something we need to work through the specifics of as we do it. The other thing we're doing differently is in order to pick up your questions we have a second microphone now. If you have other suggestions to improve these meetings, let us know. We are open to whatever will work best.

Follow-Up (Lori Petre)
We have several follow-up items.

Outpatient Fee Schedule Project Status (Lori Petre):
I've enclosed the latest Project Timeline associated with that. Mike's staff are working diligently to get their System Proposal finalized and coded and get everything out there for testing on time. The next meeting of that group is scheduled for 10/5. They were scheduled to meet today and that was postponed. The group just met two weeks ago and elected to say it was a little too soon, so they will meet 10/5. Look for information coming out about that. That project is progressing according to schedule. Not a lot of surprises. Again, we'll get those final documents out as they're made available.

Dennis will be talking about three of the things we've talked about in the last several months, the AHCCCS Member ID Change, the BBA and the TPL Verification Project, just to give you a status on those.

What I've included in the packet is the Draft Requirements Worksheet from the Applications Programmer who is working on the AHCCCS Member ID Change that I received on Monday. This will give you an idea of what we're doing with it. Directly behind that is a listing which I emailed out to all the key contacts of what the number impacts were by HP ID. The actual numbers will be a little lower than this. They will not be any higher than this. This will give you some idea of what those volumes are. Dennis will talk a little more about that.

AHCCCS Member ID Change (Dennis Koch):
The AHCCCS ID process listing you received with how many are affected. The number shouldn't go up as we're not allowed to use the Social Security Numbers when we assign IDs any more. The only time it will is when a person had an ID established some years ago and they become active again. I don't think that will be the case though.

HP – Can you summarize where it's going? Will it be a change rather than a termination?

Dennis - As far as what you will receive, it will run just the same as the normal change process when an ID gets reassigned. It will be passed through the 834.

HP – Will it terminate or just be exchanged?

Dennis – It should just terminate the old and then create the new.

HP – You're not considering just terminating? There was some request to make a change instead of a terminating.

Dennis – We'll see what we can do on that. We're trying to make it as seamless from our perspective as possible, make it look like anything else that is going through. We will produce a separate file that will show the old ID and the new ID, along with the member's name and a couple other fields for your verification. How we're going to process it we haven't decided yet, whether by county, or by Health plan, or how to accommodate the amount of volume coming through. We're working on that. We're trying to

figure out what is the best way to split out the amount of changes for the month of December. We are still shooting for December for those changes.

HP – Will there be a separate file from the Daily File?

Dennis – They will be intermixed. That's the issue. We'll run a process that will work just like any other 834 process. Just like any other change. In the meantime, we'll be creating a separate file on the FTP server for your review.

HP – Will we receive that file ahead of time?

Dennis – It would be the same time, maybe a couple hours early, but no more than that. We can try to look at that, whether we can have pre-assigned ID's, but I'm not sure.

HP – Will AHCCCS be notifying the members of these updated ID's?

Dennis – They will get a new AHCCCS ID card at AHCCCS' expense. I'm not sure if it will come up with a separate letter, but they will get a new AHCCCS card with a new ID.

HP – Are the Providers being educated about this? There could be a Date of Service that is in the middle of this.

Dennis – The DOS shouldn't be a problem because the system will still accept the old ID, we just are not allowed, beginning Jan. 1, to print it or use the SSN as the primary ID.

HP – If we go with that thought, though, we can't terminate the old ID on our system, we'll have to leave both of them open, because we've got to match the claim on the ID for the term the eligibility is for.

Dennis – What do you do when someone changes the ID now?

HP – We split the claim.

Lori – That's where our process differs. Our process links the two together and can process under either.

Dennis – If it comes in under one ID, the system looks for an alternate ID, and if it does, it pulls the claim in and changes it back to the primary ID. Then we maintain the eligibility and links between the two IDs.

Lori – We will make sure that the Claims Department puts something out for the providers.

ACTION ITEM – (A-834-00389) Send Letter to Providers concerning AHCCCS Member ID Changes

HP – Will retroactive adds go in under the old ID or under the new ID?

Lori – We would probably add it to the new ID.

HP – Can you send this under a separate 834 and to those Health Plans that can process through the add or if they didn't want to do it they could just use the cross-reference to do their own thing, that would make it very easy.

Dennis – I'll see what we can do. We're trying to integrate this into the normal flow of data as much as possible.

Kathy Bezon – However your linked records are processed today by the Health Plans, that's exactly how these will be received and processed. Except there will be more of them, because of this mass change. This is nothing new.

Dennis – How many Health Plans would prefer getting a separate file vs. the 834? How many would prefer the 834 and just run it through the regular process?

Lori – We're trying to accommodate both. We will put out both, and if they want to use one or the other, that's fine.

HP – If it is the 834 we'd like a separate 834 from the daily file. It can be one mass 834, just separate it from the daily.

Dennis – The issue is, I'm not sure how we could separate the daily from this data. We'll review it.

ACTION ITEM - (A-834-00399) Separate 834 sent for Member ID change

BBA – (Dennis Koch)
The BBA process is in production now. I haven't heard anything, but I understand its ok so far.

Lori – It isn't in place for the NCPDP, though, correct?

Dennis – Correct for 5.1. If sent in a 3.2 version NCPDP file, it is. The other thing with BBA, we've pushed the date back on proprietary files. I'll defer to Shelli to explain this further.

Shelli Silver – You should have received an email from Brent right after we met last time, we did take your concerns into consideration, letting you know that we will push the cutover date back. We will continue to accept proprietary files of all form types with dates of service 7/104 and after. He gave a date of September 30, 2004 in the email in order to let you know we will take the proprietary files through that date, but that may have been confusing. A date really has not been set, as yet. Definitely not 10/1. We are doing an assessment internally with ISD to inventory all the HIPAA 837 and NCPDP issues still open currently that are requesting system changes. We want to make sure the date we select is reasonable with ISD, that we will be able to get everything done that remains outstanding. We don't want to prematurely give you a date and then have to back that off again. The soonest we are looking at is 11/1. We will communicate the date to you when we have all the information we need.

ACTION ITEM (A-837-00390) Notify the Health Plans of Cut-Off date for Proprietary Files v. 837

HP – Is the BBA in production for proprietary as well as 837?

Dennis – Yes.

HP – Can we go back for a moment to Member ID? If the Head of Household ID is an SSN, are you changing that as well?

Dennis – Every SSN number used as an ID must be changed. We are no longer allowed to use SSN as IDs.

HP – It will come across with the regular files and identify the Head of Household changes?

Dennis – It should.

HP – Member ID changes. It is not specifically explained as to the Date of Service.

Lori – There will be an "As-Of" Date for the link.

Dennis – The way it works now is if the person has an active eligibility, it will take all the enrollment information and copy it to the new ID. That's somewhere in the vicinity of 175,000-200,000 members. We will be converting that many. We will be taking anything that is listed as inactive for the last couple of years and bringing those over. We'll bring over the demographic information, but not the enrollment, because of space considerations. There is another half million that are not active. We'll bring those

across for demographics, but none of the eligibility information at that time. What it comes down to is you will see only the active ones moving across.

HP – If claims come through with the old ID's, will you still accept the old ID, or must they have the new ID.

Dennis – If you still send the old ID, we will try to match the alternate, or new ID. That's how encounters and claims work. We will still maintain eligibility in the crossover between the two. Try to use the new ID, but we will match to the new ID from the old ID.

HP - I know the cutoff date is Jan. 1st. Is there going to be a date when the IDs become effective for them?

Lori – If you have particular suggestions, we'd love to hear them. Because of the volume, we can't do it all at once. As Dennis said, they're still trying to decide whether to do it by county, or if they'll do it by HPs. If you have strong feelings about how we should do this, please let us know. Because, however those chunks work is how you're going to get the records.

HP – I understand it might be difficult to separate the changes in an 834, you want to include it in the daily report. But for those of us who might want to use a flat file to make the change, we might not have a choice. We would still have to process our daily 834s.

Dennis – That's part of the problem. When we run the conversion, you'll still have regular daily changes, also. Its complex for us to filter them out, too. I'm not sure there's a way to do that. That's why we need to go back and talk to the programmers. We're trying to process them, mark them all and convert them, and then flows to the regular manual process and sends it on out. The only thing we'd be doing is adding a little function to create the flat file off to the side.

HP – Healthcare Group is also doing this, and they're talking about only doing the flat file. Not sending anything through the 834 at all.

Dennis – I'll talk to them and see what they're doing and how they're doing it, too.

ACTION ITEM (A-834-00391) – Talk to Healthcare Group to see how they handle the Member ID changeover.

HP – Speaking for Mercy Care, we would like to have it by Plan, because it affects our files and accumulators. We'd like to do that once.

Lori – Dennis, do you have a feel yet for the volume you'll be able to deal with at once?

Dennis – No, we'll be reviewing them in the next week or so.

Lori – Robert Heppler, our lead on the SSN Project, asks that we survey the Health Plans to get an idea of what fields they want to see and how they want to see it formatted. I will be sending something out, going back to the SSN conversion to AHCCCS ID. Give some thought to how you would best like to see that, what data should be on it.

ACTION ITEM (A-834-00392): Survey Health Plans concerning SSN Conversion to AHCCCS ID

TPL Verification Project (Dennis Koch):
We're on schedule for this month end. If you go out to your test site you will find TPL files dated 09/14/04 out there to review and process.

Kathy Bezon – I just want to ask again that the Health Plans do what they can to submit the TPL data systematically into our system as opposed to sending paper forms. We should get the turnaround verification out quickly. But if you can tell us something to get this information through our system. UFC

and APIPA have already tested and are now in production. Any other health plans that want to test, it will help us.

Year End Processing (Dennis Koch):
Dennis – Year End processing comes up the end of this month at contract's year-end. It will not be as rough as it was last year. This year we will just be rolling over new contracts and new rates. You shouldn't see too much of a difference. I have a meeting scheduled Friday to discuss this with Operations and everyone else. If anything falls out of that, I'll let Lori know and she will email you.

Lori - Also in your package behind the information concerning the AHCCCS Member ID Change is a copy of an email I sent to everyone. This is a question that came up in the last Consortium meeting that Kathy responded to. It had to do with the TPL testing and the validation. Yes, she completed your testing, and why and how this will be handled. This was APIPA's question from the last Consortium. Basically, you'll get an email verifying the job is well done. If you need something else, I know Kathy is happy to give you something more formal if necessary.

Encounters 837/277U (Lori Petre):

Testing Status – Lori Petre:
I think Shelli talked about the most exciting thing, the postponement of the Required Cutover date. There will be more information coming out on that. Along with that, I think most of you know we've been running the most current adjudicated proprietary file and the U277 in both Test and Production. What we've decided is to continue to do so; we didn't want to cut that off too soon. You will continue to receive both the proprietary format and the U277. You can choose to use either.

Shelli Silver – I'm sure it was understood, but I'll re-state it anyway. If you've been holding proprietary encounters with Dates of Service of 7/1 or later, please submit them. That is why Brent sent that email out to you right away, as there was only 3 days left before that cycle deadline. The thought was if we sent that out right away, it might give you a chance to turn some of those in.

HP – I think we brought that up when we were talking about that at the last Consortium. If it wasn't stated earlier, we appreciate that.

Implementation Status – Lori Petre:
There is a question from Tom Forbes, on the Mercator team, about the U277. We are still trying to determine the maximum file size. We want to do what works well for you and works well for us. We are looking at another piece of software that may help to eliminate our file size limitations. Again, we want to be cognizant of what makes sense for you. Tom asks that I send out a question about it this afternoon. He needs to make sure the determinations on maximum file size for U277 supplemental files. We need feedback from you on what your limitations or desires are concerning that. Please think about that a little. I will send out an email after this meeting and your feedback will be really important to move forward with that.

Dennis – We're looking at physical file size versus the number of records or U277s. If you have questions or concerns on that, we need to know how you want it broken down.

Lori – Do give that some thought. We don't want to implement a solution that work for you. We hope to move forward on a supplemental piece of software that will take care of our volume issues.

ACTION ITEM (A-277-00393): Email to Health Plans on how to break out U277 files.

HP – Are you talking about the HIPAA U277 file or the proprietary file?

Lori – The U277 and Supplemental file. We don't want to break the U277 into pieces and then give you this massive Supplemental file, unless that's what you want. We would like to break them equally, so that you can use them together. That way, if you have 10 U277 files, you end up with 10 supplemental files. Maybe it doesn't make sense to you, but if we give you ten, we wanted you to be able to put them

together. It is specific to both, and he wanted to make sure that his solution makes sense for both of those.

HP – Is the latest version of the U277 on the website?

Lori – It should be. We'll check that for you.

ACTION ITEM (A-277-00394): Verify the latest U277 version is posted on the web.

HP – We are getting 824 errors. We're trying to identify where the error occurred.

Lori – Marsha Solomon is expert at tutorials on the 824. Please email the HIPAA workgroup, just let them know you have questions on this. We'll assign it to Marsha. She's more than happy to give you an individual overview.

HP – There are some things that are required on entry, but they aren't listed in the Companion Guide. For example, if the Service Provider equals the Billing Provider, are they both required?

Marsha Solomon – Not if it equals the Billing Provider. If the two are equal, you don't need to transmit both.

Lori – We're continuing to test. We'll take your test files any time you want to send them. We're running the Test Cycles on the same dates we previously stated, Tuesdays and Saturdays.

Encounters NCPDP – Lori Petre:
I don't know how much of an update I can give you. I know we are actively working on this. There have been a number of meetings over the last two weeks on the DEA issue. I spoke with Mike yesterday; he has some information he needs to get back to Brent, then we will get something out to you. They are working towards the solution for you to use the DEA number as the prescribing provider on your pharmacy encounters. Just so you know we haven't forgotten. As Shelli mentioned, we are assessing a list of what is outstanding on the NCPDP and the 837. This is definitely on the list and it is one of the things we will be considering.

CJ – One of the things we noticed looking at the DEA numbers on the providers line that we're concerned about is the actual formatting of the DEA number. We've noticed that some places where they use 2 letters and 6 or 7 digits and some places where there are 2 letters and a space and 6 or 7 digits, 2 letters and a dash. There are places out there where they have a leading zero. We're concerned about getting the stuff validated.

Lori – I know in the documentation I saw one of the concerns was the cleanup and validation of that data.

Mike – We did a complete dataquery. There will be a lot of cleanup.

CJ – This is the part that's really getting to us. We may have misunderstood something. Is it going to be available for encounters based on the 7/1 date?

Lori – Brent didn't give us a specific date cutoff. Once the change goes in, the field will be there to accommodate it regardless of dispensing dates.

Shelli – We'll look into it and get back to you.

ACTION ITEM (A-837-00397): DEA numbers on the providers line effective date

CJ – We have that catch 22 where you have some of the PBMs that use the AHCCCS ID, where the subscriber identifier, you have a black hole there.

Lori – That is part of why Brent and Shelli wanted to make sure this issue was addressed, along with the cutover date.

CJ – the good thing for us, one of our REBAs sent us their first NCPDP file with the DEA number, and none of the providers failed to match. Maybe its not a big issue, but it is of concern. We just don't know if we should send those over now, because we don't have AHCCCS subscriber numbers.

Shelli – That would be one of the items we're trying to work out. To see if we can accept DEA ID numbers.

Lydia – We've changed the Z220 edit for Prescribing Provider to soft.

Lori – As soon as Mike can revisit with Brent and get back with his programmer, then we can get something out to everyone. We're trying to take our time and walk through it. We're trying to find the best solution for everyone. DEA numbers get a little touchy. I saw an email this morning where someone at NCPDP is recommending against using this. It has something to do with the NPI ID. That when NPI comes in, you can't use that other identifier any more. However, NPI is 2007, and we need an interim solution now. We will take that under consideration.

Other things on Pharmacy, I sent out on Sept. 8 a revised layout. APIPA noticed a small error in the layout, so that was corrected. Also in your package is another layout, one that is not in place yet. We will send out to you with a testing effective date. Basically, some of the amount fields were not long enough. We did receive some problems from some plans, IPA, I believe. They had an amount field that was larger than what we were accommodating. We looked at the actual specifications for the layout and our fields were not long enough. The paragraph on the front explains the changes in the proposed layout. Basically, the amount field has been expanded and the new Prescriber ID qualifier field was added. Because this is a change, we are going to look at when we should roll this out. We will give you an opportunity to introduce this in your testing. I will get something out to you in the next week or so.

ACTION ITEM (A-NCP-00398): Email Health Plans revised NCPDP layout and dates for testing.

This links back to the DEA number. The reason why we're adding the Prescriber ID type is to define whether it is the Medicaid or DEA ID number, which is important for how to map it across to Mike's mainframe, folks. We will get something back to you no later than early next week. I haven't sent this out electronically yet, except to the teleconference folk, because I needed to get them the package, and this is not posted as the current format on the website yet. Early next week we will get you information on when we targeting making this available in test.

Upcoming Meetings/Suggested Meeting Topics
Our next meeting is scheduled for Wednesday, October 6th. After that, I did get the Outpatient and Consortium working a little bit together, and more towards the middle of the day. I'll be asking Mary Kay McDaniel to give you an update. She is at the MMIS conference this week. She will hopefully give you all the highlights. We'll see how the agenda works out, but either in that meeting or the following meeting she will give her presentation that she gave at the conference on Remark Codes. There may be others, as well, because she's been attending a lot of the sessions for contacts and materials that we can provide to you or share with you. We may be able to set up teleconferences, such as we did with NPI. That will be the next big HIPAA push. But if you have other suggestions, please let us know. I will send you the things that I owe you, some I'll send this week, some I'll send next week.

Thank you!

Consortium Meeting Issues/Action Items Report

Issue/Action #	From Consortium	Assigned to	Description and *Resolution*	Status
A-277-00393	09-15-2004	Lori Petre	Email to Health Plans on how to break out U277 files. There is a question from Tom about the U277. We are still trying to determine the maximum file size. We want to do what works well for you and works well for us. We are looking at another piece of software that will eliminate our file size limitations. Again, we want to be cognizant of what makes sense for you. Tom asks that I send out a question about it this afternoon. He needs to make sure the terminations on maximum file size for U277 supplemental files. He needs feedback from you on what your limitations or desires are concerning that. Please think about that a little. I will send out an email after this meeting and your feedback will be really important for Tom to move forward with that. Dennis – We're looking at physical file size versus the number of records or U277s. If you have questions or concerns on that, we need to know how you want it broken down. Lori – Do give that some thought. We don't want to implement a solution that work for you. We hope to move forward on a supplemental piece of software that will take care of our volume issues.	Open – Awaiting Information
A-277-00394	09-15-2004	Dick Azzi	Verify the latest U277 version is posted on the web. HP – Is the latest version of the U277 on the website? Lori – It should be. We'll check that for you.	Open – Awaiting Information
A-834-00389	09-15-2004	Dennis Koch	HP – Are the Providers being educated about the change to AHCCCS IDs? There could be a Date of Service that is in the middle of this. Send the Providers a letter explaining the changes necessary to AHCCCS IDs.	Open – Awaiting Information
A-834-00391	09-15-2004	Dennis Koch	Talk to Healthcare Group to see how they handle the Member ID changeover. HP – Healthcare Group is also doing this, and they're talking about only doing the flat file. Not sending anything through the 834 at all.	Open – Awaiting Information
A-834-00392	09-15-2004	Lori Petre	Send Survey to Health Plans concerning what fields they'd like to see on the flat file for SSN conversion to AHCCCS ID. Lori – Robert Heppler asks that we survey the Health Plans to get an idea of what fields they want to see and how they want to see it formatted. I will be sending something out, going back to the SSN conversion to AHCCCS ID. Give some thought to how you would best like to see that, what data should be on it.	Open – Awaiting Information
A-834-00399	9-15-2004	Dennis Koch	Separate 834 sent for Member ID change. HP – If it is the 834 we'd like a separate 834 from the daily file. It can be one mass 834, just separate it from the daily. Dennis – The issue is, I'm not sure how we could separate the daily from this data. We'll review it.	
A-837-00390	09-15-2004	Brent Ratterree	Letter to Health Plans concerning firm cutoff date for proprietary files instead of 837 encounter format… He gave a date of September 30, 2004 in order to let you know we will take the proprietary files through that date, but that may have been confusing. A date really has not been set, as yet. Definitely not 10/1 or maybe even 9/15. We are	Open – Awaiting Information

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			doing an assessment internally with ISD to inventory all the HIPAA 837 and NCPDP issues still open currently that are requesting system changes. We want to make sure the date we select is reasonable with ISD, that we will be able to get everything done that remains outstanding. We don't want to prematurely give you a date and then have to back that off again. The soonest we are looking at is 11/1, but no sooner than 10/1. We will communicate the date with you when we have all the information we need.	
A-837-00397	09-15-2004	Brent Ratterree	CJ – One of the things we noticed looking at the DEA numbers on the providers line that we're concerned about is the actual formatting of the DEA number. We've noticed that some places where they use 2 letters and 6 or 7 digits and some places where there are 2 letters and a space and 6 or 7 digits, 2 letters and a dash. There are places out there where they have a leading zero. We're concerned about getting the stuff validated. Lori – I know in the documentation I saw one of the concerns was the cleanup and validation of that data. Mike – We did a complete dataquery. There will be a lot of cleanup. CJ – This is the part that's really getting to us. We may have misunderstood something. Is it going to be available for encounters based on the 7/1 date? Lori – He didn't give us a specific date cutoff. Once the change goes in, the field will be there to accommodate it. Shelli – We'll look into it and get back to you.	Open – Awaiting Information
A-NCP-00398	9-15-2004	Lori Petre	Email Health Plans revised NCPDP layout and dates for testing. Also in your package is another layout, one that is not in place yet. We will send out to you. Basically, some of the amount fields were not long enough. We did receive some problems from some plans, IPA, I believe. They had an amount field that was larger than what we were accommodating. We looked at the actual specifications for the layout and our fields were not long enough. The paragraph on the front explains the changes in the proposed layout. Basically, the amount field has been expanded and the new Prescriber ID qualifier field was added. Because this is a change, we are going to look at when we should roll this out. We will give you an opportunity to introduce this in your testing. I will get something out to you. Mary Kay is unfortunately out this week. This links back to the DEA number. The reason why we're adding the Prescriber ID type is to define whether it is the Medicaid or DEA ID number, which is important for how to map it across to Mike's mainframe, folks. We will get something back to you no later than early next week. I haven't sent this out electronically yet, except to the teleconference folk, because I needed to get them the package, and this is not posted as the current format on the website yet. I believe I got an assessment back from Mike's staff. They were validating all the field links. Early next week we will	Open – Awaiting Information

Issue/Action #	From Consortium	Assigned to	Description and *Resolution*	Status
			get you information on when we targeting getting this out to test.	